

K070263

RESMED

ApneaLink Traditional 510(k) Premarket Notification

510(k) Summary – ApneaLink

Date Prepared 16th January 2007 JUN 15 2007

Official Contact David D'Cruz
V.P., Clinical & Regulatory Affairs
ResMed Corp.
14040 Danielson St,
Poway CA 92064-6857
USA
Tel: +1 858-746-2238
Fax: +1 858-746-2915

Classification Reference 21 CFR 868.2375

Product Code MNR – Ventilatory Effort Recorder

Common/Usual Name Ventilatory Effort Recorder

Proprietary Name ApneaLink

Predicate Devices ApneaLink (K061405)

Reason for submission Expanded Indications

Substantial Equivalence

The new device has the following similarities to the previously cleared devices:

➤ Intended use	Similar
➤ Operating principle	Same
➤ Technologies	Same
➤ Manufacturing process	Same

Design and Verification activities were performed on the ApneaLink as a result of the risk analysis and product requirements. All tests confirmed the product met the predetermined acceptance criteria. ResMed has determined that the ApneaLink is Substantially Equivalent to the predicate device. The ApneaLink complies with the applicable standards and requirements referenced in the following:

- FDA Guidance for the Content of Pre-market Submissions for Software Contained in Medical Devices (May 11, 2005)
- FDA Off-the-Shelf Software Use in Medical Devices (September 9, 1999)
- FDA General Principles of Software Validation (January 11, 2002)
- IEC 60601-1-1 (Medical Electrical Equipment Part 1: General requirements for safety)
- IEC 60601-1-2 (Medical Electrical Equipment Part 1-2: General requirements for safety – Collateral standard: Electromagnetic compatibility – Requirements and tests)
- IEC 60601-1-4 (Medical Electrical Equipment Part 1-4: General requirements for safety Collateral Standard: Programmable electrical medical systems)
- IEC 60068-2-1/ and the following (Environmental testing)
- ISO 10993-1 (Biological evaluation of medical devices – Part 1 Evaluation and testing)
- EN ISO 14971: 2001 (Medical Devices – Application of risk management to medical devices)

Intended Use

ApneaLink records patient respiratory nasal pressure and blood oxygen saturation during sleep. The device is intended for use as a screening device to determine the need for further clinical diagnosis based on the patient's test score. ApneaLink reports apneas, hypopneas, flow limitation, snoring, SpO2 and the probability of Cheyne-Stokes respiration breathing patterns within the recording.

Device Description

The performance and functional characteristics of the ApneaLink includes all the user-friendly features of the predicate device. The ApneaLink is a further development of the previous submitted device ApneaLink (K061405). This submission addresses the expanded indications for use of the ApneaLink by analyzing the flow signal for periods of Cheyne-Stokes respiration breathing patterns.

The ApneaLink recorder is a two-channel battery-powered respiratory pressure sensor and oximetry system and provides recordings of respiratory flow, pulse rate and oxygen saturation during sleep. The physician prescribed device will help to recognize sleep-related respiratory disorders and lead to comprehensive clinical diagnosis and therapy. The patient may perform the recording at home by himself. The ApneaLink recorder must be fastened with the re-usable belt on the patient's chest. All relevant respiratory information during sleep will be collected via nasal cannula and pulse oximetry module. The disposable plastic nasal cannula is connected to the ApneaLink recorder and fixed at the patient's nose. The oximetry sensor is connected to the XPOD and fixed at the patient's finger. The XPOD is connected to the ApneaLink recorder. After recording, the ApneaLink recorder is returned to the physician. With the ApneaLink Software installed on a personnel computer the physician has the possibility to generate a report with the recorded and analyzed data. For further clinical diagnosis the physician has the possibility to send the recording and the report via email to the sleep laboratory/hospital.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

ResMed Germany, Incorporated
C/O Mr. David D'Cruz
Vice President, Clinical and Regulatory Affairs
ResMed Corporation
14040 Danielson Street
Poway, California, 92064-6857

JUN 15 2007

Re: K070263

Trade/Device Name: ApneaLink
Regulation Number: 21 CFR 868.2375
Regulation Name: Breathing Frequency Monitor
Regulatory Class: II
Product Code: MNR
Dated: June 11, 2007
Received: June 13, 2007

Dear Mr. D'Cruz:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

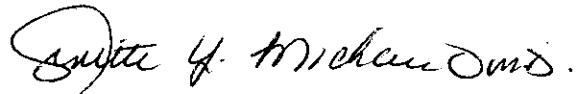
Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies.

You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of Compliance at (240) 276-0120. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (240) 276-3150 or at its Internet address <http://www.fda.gov/cdrh/industry/support/index.html>.

Sincerely yours,



Chiu Lin, Ph.D.
Director
Division of Anesthesiology, General Hospital,
Infection Control and Dental Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

Indication for Use**510(k) Number (if known):****Device Name:** ApneaLink**Indication for Use**

ApneaLink records patient respiratory nasal pressure and blood oxygen saturation during sleep. The device is intended for use as a screening device to determine the need for further clinical diagnosis based on the patient's test score. ApneaLink reports apneas, hypopneas, flow limitation, snoring, SpO2 and the probability of Cheyne-Stokes respiration breathing patterns within the recording.

Prescription Use X**AND/OR****Over-The-Counter Use**

(Part 21 CFR 801 Subpart D)

(Part 21 CFR 807 Subpart C)

(PLEASE DO NOT WRITE BELOW THIS LINE – CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH; Office of Device Evaluation (ODE)Page 1 of 1 16th January, 2007
C4060
(John Sign-Off)

Page 23

Division of Anesthesiology, General Hospital,
Infection Control, Dental Devices510(k) Number: K070263